Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

### Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: Liability Dec Changes Filing SERFF Tr Num: CAPC-125799833 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-LIAB-FO-CW-090 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith

Roberts

Author: Amanda Mullen Disposition Date: 09/18/2008

Date Submitted: 09/04/2008 Disposition Status: Approved

State Filing Description:

#### **General Information**

Project Name: Liability Dec Changes Filing

Status of Filing in Domicile: Authorized

Project Number: 08-LIAB-FO-CW-090

Domicile Status Comments: Approved on

08/22/2008

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 09/18/2008

State Status Changed: 09/18/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Commercial General Liability Coverage Part Declarations CICL 042 (06-08)

Commercial General Liability Schedule CICL 043 (06-08)

Commercial Liquor Liability Coverage Part Declarations CICL 077 (06-08)

Filing Number: 08-LIAB-FO-CW-090

Effective Date: 11/01/08 new business, 01/01/09 renewal business

SERFF Tracking Number: CAPC-125799833 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

NAIC Number: 10472

Please replace Commercial General Liability Coverage Part Declarations CICL 042 (06-00) with the attached final printed copy of Commercial General Liability Coverage Part Declarations CICL 042 (06-08) and Commercial General Liability Schedule CICL 043 (10-93) with the attached final printed copy of Commercial General Liability Schedule CICL 043 (06-08). Please replace Commercial Liquor Liability Coverage Part Declarations CICL 077 (04-94) with the attached final printed copy of Commercial Liquor Liability Coverage Part Declarations CICL 077 (06-08).

**Explanatory Memo** 

For both CICL 042 & CICL 043:

We have replaced the Company name and address with placeholders for the Company name and address. We moved the phrase "12:01 A.M. Standard Time at the address of the insured stated herein" from the body of the dec page to the Policy Period in the information section of the page. We have also deleted the wording "Policy Period" from the body of the dec page to avoid repetition.

For CICL 077:

We have added the phrase "12:01 A.M. Standard Time at the address of the insured stated herein" under the Policy Period in the information section of the page. We have also replaced the Company name and address with placeholders for the Company name and address.

These dec pages are mandatory.

Thank you for your time and consideration of this filing.

Amanda Mullen

**Product Analyst** 

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

#### **Company and Contact**

#### **Filing Contact Information**

Amanda Mullen, akmullen@capitolindemnity.com

PO Box 5900 (608) 829-4839 [Phone] Madison, WI 53705 (608) 829-7402[FAX]

**Filing Company Information** 

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin

PO Box 5900 Group Code: 501 Company Type:

Madison, WI 53705 Group Name: State ID Number:

(608) 829-4200 ext. [Phone] FEIN Number: 39-0971527

-----

### **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: One forms filing @ \$50 each.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Capitol Indemnity Corporation \$50.00 09/04/2008 22280657

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

### **Correspondence Summary**

### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/18/2008	09/18/2008

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

### **Disposition**

Disposition Date: 09/18/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property Casualty	&Approved	Yes
Supporting Document	Side by Side Comparisons	Approved	Yes
Form	Commercial General Liability Coverage Part Declarations	Approved	Yes
Form	Commercial General Liability Schedule	Approved	Yes
Form	Commercial Liquor Liability Coverage Part Declarations	Approved	Yes

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

### Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific Readability	<b>Attachment</b>
Status			Date		Data	
Approved	Commercial	CICL 042	(06-08)	Declaration Replaced	Replaced Form #:0.00	VIII CICL042
	General Liability			s/Schedule	CICL 042 (06-00)	0608 Filing
	Coverage Part				Previous Filing #:	Copy.pdf
	Declarations					
Approved	Commercial	CICL 043	(06-08)	Declaration Replaced	Replaced Form #:0.00	VIII CICL043
	General Liability			s/Schedule	CICL 043 (10-93)	0608 Filing
	Schedule				Previous Filing #:	Copy.pdf
Approved	Commercial	CICL 077	(06-08)	Declaration Replaced	Replaced Form #:0.00	VIII CICL077
	Liquor Liability			s/Schedule	CICL 077 (04-94)	06-08 Filing
	Coverage Part				Previous Filing #:	Copy.pdf
	Declarations					

# COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

#### **RENEWAL OF NUMBER:**

POLICY NUMBER PO	LICY PERIC	D		AGENCY
12	:01 A.M. Sta	ndard Time at th	e address of the insured state	ed herein
NAMED INSURED AND ADDRESS		Į.	AGENT	
General Aggregate Limit (Other Than Products-Completed Products-Completed Operations A Personal and Advertising Injury Lir Each Occurrence Limit Damage To Premises Rented To	ggregate Li nit			Any One Fire
Medical Expense Limit				Any One Person
BUSINESS DESCRIPTION AND L Form of Business:	OCATION	OF PREMISE	S	
Business Description:				
Location of All Premises You Ov	vn, Rent or	Occupy:		
SEE ATTACHED LOCATION SCH	HEDULE, FO	ORM # CICG 1	176	
PREMIUM				
Classification	Code No.	Premium Basis	Rate Pr/Co Other	Advance Premium Pr/Co Other
SEE ATTACHED COMMERCIAL	. GENERA	L LIABILITY :	SCHEDULE # CICL 043	
		Total Adva	ance Premium	*
* THE LIABILITY PREMIUM I	BASIS OF	THIS POLIC	V IS SUBJECT TO AN	I ALIDIT
ADDITIONAL OR RETURN F			1 13 SUBJECT TO AN	I AUDII.
FORMS AND ENDORSEMENTS:		OMMERCIAL ( SCHEDULE #		/ERAGE PART

# COMMERCIAL GENERAL LIABILITY SCHEDULE

**POLICY NUMBER POLICY PERIOD AGENCY** 12:01 A.M. Standard Time at the address of the insured stated herein NAMED INSURED AND ADDRESS **AGENT** EFFECTIVE DATE OF CHANGE: 12:01 A.M. Standard Time at the address of the insured stated herein Code Premium Rate Advance Premium Classification Pr/Co Pr/Co No. **Basis** Other Other

# COMMERCIAL LIQUOR LIABILITY COVERAGE PART DECLARATIONS

#### **RENEWAL OF NUMBER:**

POLICY NUMBER	POLICY PERIOD			AGENCY
	12:01 A.M. Standard	Time at the add	ress of the insured stated	d herein
NAMED INSURED AND ADDRESS		AGE		2.110.0111
LIQU	OR LIABILITY CO	VERAGE PAR	T DECLARATIONS	
	LIMIT	S OF INSURA	NCE	
AGGREGATE LIMIT			\$	
EACH COMMON CAUSE LIM	IIT		\$	
	Code	Premium		Advance
Classification	No.	Basis	Rate	Premium
		Б. I	T M (M)	
			nce To Meet Minimum otal Advance Premium	
THE LIABILITY DD		THIS DOLLS	' IS SUBJECT TO AN	ALIDIT
ADDITIONAL OR F				AUDIT.
FORMS AND ENDORSEMEN	TS (other than ann	licable form an	d endorsements show	yn elsewhere in the nolicy)
Forms and Endorsements appl SEE COMMERCIAL LIQUOR				
Countersigned		By	/ Authorized Repre	santativa
			Authorized Repres	Stridlivt

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

### **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: 08-LIAB-FO-CW-090

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Liability Dec Changes Filing

Project Name/Number: Liability Dec Changes Filing/08-LIAB-FO-CW-090

### **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 09/18/2008

Property & Casualty

**Comments:** 

Attachment:

AR Liab Trans Doc.pdf

**Review Status:** 

Satisfied -Name: Side by Side Comparisons Approved 09/18/2008

Comments: Attachments:

CICL 042 Comparison.pdf CICL 043 Comparison.pdf CICL 077 Comparison.pdf

## **Property & Casualty Transmittal Document**

1.	Reserved for Insurance	2. In:	surance Department Use only					
	Dept. Use Only	a. Da	e the filing is received:					
		b. Ana	alyst:					
		c. Dis	position:	•				
		d. Da	e of disposition of the filing:					
		e. Effe	ective dat					
				usiness				
		f. Sta	Renev te Filing #	al Business				
			RFF Filin	<u> </u>				
		」 h. Sul	oject Cod	es				
3.	Group Name					Group NAIC #		
	•					•		
4.	Company Name(s)		Domicile	NAIC #	FEIN#	State #		
•								
5.	l Company Tracking Number							
5.	Company Tracking Number	Officar(s)	linclude	tall-free numb	oorl			
	tact Info of Filer(s) or Corporate Name and address	Officer(s)		toll-free numb	per]	e-mail		
Con	tact Info of Filer(s) or Corporate			toll-free numb		e-mail		
Con	tact Info of Filer(s) or Corporate					e-mail		
Con	tact Info of Filer(s) or Corporate					e-mail		
6.	ntact Info of Filer(s) or Corporate  Name and address					e-mail		
6. 7.	Name and address  Signature of authorized filer	Title				e-mail		
7. 8.	Name and address  Signature of authorized filer  Please print name of authorized	<b>Title</b> ed filer	Tel	ephone #s	FAX#	e-mail		
7. 8.	Name and address  Signature of authorized filer  Please print name of authorized filer  g information (see General I	<b>Title</b> ed filer	Tel	ephone #s	FAX#	e-mail		
7. 8.	Signature of authorized filer Please print name of authorized information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub	Title ed filer nstruction	Tel	ephone #s	FAX#	e-mail		
7. 8. Filli	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code	Title  ed filer  nstruction  -TOI) (s)(if	s for desc	ephone #s	FAX#	e-mail		
7. 8. Filii 9. 10.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Required	Title  ed filer  nstruction  o-TOI) (s)(if uirements)	s for desc	ephone #s	FAX#	e-mail		
7. 8. Filii 9.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code	Title  ed filer  nstruction  o-TOI) (s)(if uirements)	s for desc	riptions of th	FAX#			
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	Title  ed filer  nstruction  o-TOI) (s)(if uirements)	s for desc	ephone #s riptions of the	FAX #  nese fields)  [ ] Rules [ ] Fabination Rates/R	Rates/Rules		
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	Title  ed filer  nstruction  o-TOI) (s)(if uirements)	s for desc	ephone #s riptions of the	rese fields)	Rates/Rules		
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction  o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s riptions of the	FAX #  nese fields)  [ ] Rules [ ] Fabination Rates/R	Rates/Rules tules/Forms tription)		
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Reg Company Program Title (Mar	ed filer nstruction  o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s  riptions of the	rese fields)  [ ] Rules [ ] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction  o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s  riptions of the	rese fields)  [ ] Rules [ ] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized filer In the second of t	ed filer nstruction  o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s  riptions of the	rese fields)  [ ] Rules [ ] Fabination Rates/ROther (give desc	Rates/Rules tules/Forms tription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction  o-TOI) (s)(if uirements] keting title)	s for desc	ephone #s  riptions of the  e/Loss Cost ms [ ] Con ndrawal[ ] (	FAX #  nese fields)  [ ] Rules [ ] Fabination Rates/Rother (give desconder)    Renewa	Rates/Rules tules/Forms tription)		

## **Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	Filing Fees (Filer must provide check # and fee amount if applicable)
22.	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	heck #:
ıA	mount:
	r to each state's checklist for additional state specific requirements or instructions on
calc	ulating fees.
***R	Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies
	uired, other state specific forms, etc.)
PC <sup>-</sup>	TD-1 pg 2 of 2

### FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[ ] New [ ] Replacement [ ] Withdrawn		
02			[ ] New [ ] Replacement [ ] Withdrawn		
03			[ ] New [ ] Replacement [ ] Withdrawn		
04			[ ] New [ ] Replacement [ ] Withdrawn		
05			[ ] New [ ] Replacement [ ] Withdrawn		
06			[ ] New [ ] Replacement [ ] Withdrawn		
07			[ ] New [ ] Replacement [ ] Withdrawn		
08			[ ] New [ ] Replacement [ ] Withdrawn		
09			[ ] New [ ] Replacement [ ] Withdrawn		
10			[]New []Replacement []Withdrawn		

PC FFS-1

#### RENEWAL OF NUMBER:

POLICY NUMBER POLICE	CY PERIOD		AGENCY
NAMES INCUSES AND ADDRESS		ACENT	
NAMED INSURED AND ADDRESS		AGENT	
POLICY PERIOD:			
12:01 A.M. Standard Time	- at the address of t	:he insured stated herein	
General Aggregate Limit (Other Than Products-Completed Operations Aggregate Advertising Injury Limit Each Occurrence Limit	regate Limit		Any One
Damage To Premises Rented To Yo  Medical Expense Limit	u Liitiit		Any One Fire Any One Person
BUSINESS DESCRIPTION AND LO Form of Business:	CATION OF PREMIS	EES	
Business Description:			
Location of All Premises You Own	, Rent or Occupy:		
SEE ATTACHED LOCATION SCHE	DULE, FORM # CICO	G 176	
PREMIUM			
Classification	Code Premium No. Basis	Rate Pr/Co Other	Advance Premium Pr/Co Other
SEE ATTACHED COMMERCIAL (	GENERAL LIABILITY	SCHEDULE # CICL 043	
	Total Ad	dvance Premium	*
* THE LIABILITY PREMIUM BA ADDITIONAL OR RETURN PR		ICY IS SUBJECT TO AN	I AUDIT.
FORMS AND ENDORSEMENTS:	SEE COMMERCIAL FORM SCHEDULE		/ERAGE PART
COUNTERSIGNED		By	

CICL 042 (06-00)

Authorized Representative

# COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

#### **RENEWAL OF NUMBER:**

OLICY NUMBER	POLICY PER	IOD		,	AGENCY
	12:01 A M St	andard Time at the	address of the insured sta	ated herein	
IAMED INSURED AND ADDRESS			GENT	<u> </u>	
General Aggregate Limit					
(Other Than Products-Comple					
Products-Completed Operation Personal and Advertising Injury		Limit			
Each Occurrence Limit	•			,	Any One
Damage To Premises Rented	10 YOU LIMIT				Any One Fire
Medical Expense Limit					Any One Person
				'	CISOII
BUSINESS DESCRIPTION AN Form of Business:	ND LOCATION	N OF PREMISES			
Business Description:					
·	Own Bont	or Occupy			
Location of All Premises You	i Own, Rent (	or Occupy:			
SEE ATTACHED LOCATION	SCHEDULE, I	FORM # CICG 1	76		
PREMIUM			_		
Classification	Code No.	Premium Basis	Rate Pr/Co Other	Advance Pr/Co	Premium Other
SEE ATTACHED COMMERC	NAL CENED	AL LIADILITY S		2	
SEE ATTACHED COMMERC	JIAL OLIVLIN			5	*
		l otal Adva	nce Premium		^
* THE LIABILITY PREMIU ADDITIONAL OR RETUI			' IS SUBJECT TO A	N AUDIT.	
FORMS AND ENDORSEMEN		COMMERCIAL G		OVERAGE P	ART

CICL 042 (06-08)

COUNTERSIGNED

Authorized Representative

VIII CICL043\_1093\_1.pdf

### P.O. Box 5900 Madison, WI 53705

Classification

# COMMERCIAL GENERAL LIABILITY SCHEDULE

POLICY NUMBER	POLICY PERIOD				AGENCY
NAMED INSURED AND ADD	DRESS	AGENT			
DOLLOV DEDIOD:					
POLICY PERIOD:	-				
12:01 A.M. Standa	ard Time at the address o	f the insured stated h	erein		
	Code	Premium	Rate	Advance	Premium

Basis

No.

Pr/Co

Other

Pr/Co

Other

[Insert Company Name]
[Insert Company Mailing Address]

# COMMERCIAL GENERAL LIABILITY SCHEDULE

POLICY NUMBER POLICY PERIOD AGENCY

12:01 A M. Standard Time at the address of the insured stated herein

NAMED INSURED AND ADDRESS

**AGENT** 

**EFFECTIVE DATE OF CHANGE:** 

12:01 A.M. Standard Time at the address of the insured stated herein

Code Premium Rate Advance Premium Classification No. Basis Pr/Co Other Pr/Co Other

#### RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY			
NAMED INSURED AND A	ADDRESS				
NAMED INSURED AND A	ADDRESS AGENT				
	LIQUOR LIABILITY COVERAGE PART DECLARAT	IONS			
	LIMITS OF INSURANCE				
AGGREGATE LIMIT .	\$				
EACH COMMON CAL	USE LIMIT\$				
	Code Premium	Advance			
Classification	No. Basis Rate	Premium			
Balance To Meet Minimum					
	Total Advance Premium				
	BILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT	TO AN AUDIT.			
ADDITION	NAL OR RETURN PREMIUMS MAY BE DUE.				
FORMS AND ENDOR	SEMENTS (other than applicable form and endorsement	ts shown elsewhere in the policy)			
Forms and Endorseme	ents applying to this Coverage Part and made part of this LIQUOR LIABILITY COVERAGE PART FORM SCHE	s policy at time of issue:			
oll dommentoine					
Countaraigned	D. /				
Countersigned	By Authorized	Representative			

# COMMERCIAL LIQUOR LIABILITY COVERAGE PART DECLARATIONS

#### **RENEWAL OF NUMBER:**

POLICY NUMBER P	OLICY PERIOD			AGENCY		
12	2:01 A.M. Standard	Time at the add	Iress of the insured stated	d herein		
NAMED INSURED AND ADDRESS		AGE				
LIQUOR LIABILITY COVERAGE PART DECLARATIONS						
	LIMIT	S OF INSURA	NCE			
AGGREGATE LIMIT			\$			
EACH COMMON CAUSE LIMIT	-		\$			
	Code	Premium		Advance		
Classification	No.	Basis	Rate	Premium		
	Balance To Meet Minimum					
			otal Advance Premium			
THE LIABILITY PRE ADDITIONAL OR RE			/ IS SUBJECT TO AN	AUDIT.		
ABBITIONAL ON NE	TORIVI REMIO	VIO IVI, (1 BE B	02			
FORMS AND ENDORSEMENTS	6 (other than app	licable form ar	nd endorsements show	n elsewhere in the policy)		
Forms and Endorsements applyi SEE COMMERCIAL LIQUOR I						
OLL COMMENCIAL LIQUOR I	LIADILITI GOVE	NAGE FART	TORW SOMEDULE #	CIOL UIU		
Countersigned		В	V			
5			Authorized Repres	sentative		